

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584803

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|----------|------------------------------------|----------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
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| 3 | | 1 | | | | |
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| 8 | | 1 | | | | |
| 9 | 1 | | | | | |
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| 12 | | 1 | | | | |
| 13 | 2 | | | | | |
| 14 | | 1 | | | | |
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| TOTAL IND. | 2 | | 2 | | | |
| TOTAL DEP. | 24 | ← | 22 | ← | | |
| TOTAL CLAIMS | 26 | ████████ | 24 | ████████ | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |